

THEATRICAL BOOKING AGENTS, PERSONAL AGENTS AND MANAGERS LICENSE

Description

The Theatrical Booking Agency license is a requirement in the Commonwealth under Ch.140 of the general code. This license entitles the applicant to conduct business as a theatrical booking agent, personal manager as set-forth in chapter 140 of the state general code. This license is valid for two consecutive years, renewable two years from the date of issuance. License is bi-annual

Required Documents:

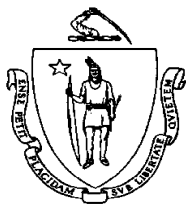
1. a completed Theatrical Booking Agents application
2. copy of valid driver's license or state issued identification
3. a surety bond in the amount of \$1000.00, payable to the Treasurer of the Commonwealth of Massachusetts
4. a "signed" Cori request form
5. a letter of zoning from the local building department
6. a "Business Certificate" and Articles of Corporation
7. must provide two (2) affidavits or recommendation from two (2) reputable Massachusetts citizens verifying the reputation of the applicant
8. must provide one (1) original newspaper publication (in the "Legal" section), serving the community where the business is located
(The information included in the add, will include the owners name, business name, address, city, town or county)
9. Payment in the form of check or money order only - \$375.00

For Renewals

1. a completed Theatrical Booking Agents application
2. copy of valid driver's license or state issued identification
3. a surety bond in the amount of \$1000.00, payable to the Treasurer of the Commonwealth of Massachusetts
4. a "signed" Cori request form
5. Payment in the form of check or money order only - \$375.00

Agency

Department of Public Safety
Special Licensing
50 Maple Street, Suite 1
Milford, MA 01757
508-422-1957



THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

PLEASE SUBMIT APPLICATION TO:
50 MAPLE STREET . SUITE 1 . MILFORD, MASSACHUSETTS 01757

Please check ☐ *NEW* ☐ *Renewal*
THEATRICAL BOOKING AGENT, PERSONAL AGENT AND MANAGER APPLICATION

APPLICATION FEES ARE NON-REFUNDABLE

Date: _____

Name _____

Residence _____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Business Name _____ E-Mail Add. _____

Business Address _____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Date of Birth _____ Social Security Number _____

Mother's Full Maiden Name _____

Father's Full True Name _____

Please Complete the Following:

Have you registered your business name in accordance with C 110, S.5, Mass General Laws? _____

Are you engaged in representing an agency outside the Commonwealth? _____ If so, give name and address of any such individual or outside agency.

I certify under the penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes (chapter 62C, S.49A)

By: _____
Signature of Individual or Corporate Name Corporate Officer (if applicable)

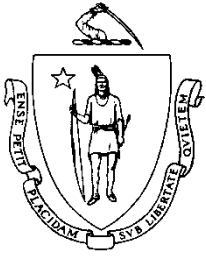
Social Security Number of Individual Federal Identification Number

[] (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	

Revised 2/27/2016



Charles D. Baker
Governor

Karyn E. Polito
Lieutenant Governor

The Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

TTY (617) 727-0019

www.mass.gov/dps

Daniel Bennett
Secretary

Matt Carlin
Commissioner

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CORI REQUEST FORM

Massachusetts Department of Public Safety-Division of Regulated Activities has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

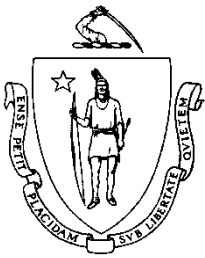
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE



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BOND FOR LICENSE

AS THEATRICAL BOOKING AGENT PERSONAL AGENT AND MANAGER

KNOW ALL MEN BY THESE PRESENTS, that _____ of
_____ in the County of _____ and Commonwealth
of Massachusetts, as principal, and the _____ Company, a
corporation duly organized and existing under the laws of the State of _____ and
being duly authorized to transact the business of a Surety Company in the Commonwealth of
Massachusetts, as surety, are holden and stand firm bound and obligated unto the Commonwealth of
Massachusetts in the sum of One Thousand (1,000) Dollars to the payment of which we jointly and
severally bind ourselves, our heirs, executors and administrators, successors and assigns, by these
presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the
said _____ has been duly licensed by the Department of Public Safety of the
Commonwealth of Massachusetts to engage in the Commonwealth in the business of booking actors,
actresses, chorus girls or chorus boys, musicians, entertainers of all descriptions, or any of them, for
vaudeville, banquets and other stage performances, stage productions in theatres, including floor shows,
so called, in restaurants, clubs, beer gardens, tents, arenas, halls and similar place of amusement, in
accordance with the provisions of Sections 180A, 180B, and 180C of chapter 140 of the General Laws, as
amended.

NOW THEREFORE, if the said _____ his or its agents, assistants
and employees shall faithfully comply with the provisions of Sections 180A to 180G, inclusive, of the
said Chapter 140 of the General Laws, as amended, and with such other laws of the Commonwealth as
may be applicable to anything done by the licensee in pursuance of the said license: then this obligation
shall be null and void, otherwise it shall remain in full force and effect. Provided, moreover, that any
person from whom any licensee under Section One Hundred and Eighty B has withheld any sum in
excess of the amount permitted under any agreement between the licensee and such person may, without
expense to the Commonwealth, bring an action in the name of the State Treasurer and may recover for his
own benefit, up to the sum of one thousand dollars, the amount improperly withheld from him by such
licensee.

IN WITNESS WHEREOF we hereto set our hands and seals this _____ day of
_____, A.D. _____

Newspaper Posting Template

PLEASE SUBMIT PROOF OF PUBLICATION WITH APPLICATION

NOTICE IS HEREBY GIVEN ON THE APPLICATION OF

_____ OF _____
(Name) (Address)

TO BE A THEATRICAL BOOKING AGENT WITHIN AND FOR THE

_____ OF _____
(County) (City/town)

**FOR THE PURPOSE OF CONDUCTING A
THEATRICAL BOOKING AGENCY BUSINESS AS
PROVIDED IN CHAPTER 140 OF THE
MASSACHUSETTS GENERAL LAWS**